

CITY OF BAINBRIDGE ISLAND

**VEGETATION MANAGEMENT PERMIT
APPLICATION**

FORM MUST BE COMPLETED IN INK, PREFERABLY BLUE.
PENCIL WILL NOT BE ACCEPTED.



<p>DATE STAMP FOR CITY USE ONLY</p>	<p style="text-align: center;"><u>TO BE FILLED OUT BY APPLICANT</u></p> <p>PROJECT NAME: _____</p> <p>TAX ASSESSOR'S NUMBER: _____</p> <p>_____</p> <p>_____</p> <p>PROJECT STREET ADDRESS OR ACCESS STREET: _____</p> <p>ENVIRONMENTAL CHECKLIST SUBMITTED : <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;"><u>FOR CITY USE ONLY</u></p> <p>PROJECT NUMBER: _____</p> <p>FILE NUMBER: _____</p> <p>DATE RECEIVED: _____</p> <p>APPLICATION FEE: _____</p> <p>TREASURER'S RECEIPT NUMBER: _____</p>
<p>SUBMITTAL REQUIREMENTS</p>	
APPLICATION	<p><i>One original (which must contain an original signature) and five copies</i> must be provided. Whenever possible, originals must be <i>signed in blue</i>. Please identify the original document.</p>
SUPPORTING DOCUMENTS	<p><i>One original (which must contain an original signature)</i>, where applicable, and <i>five copies</i> (if an original is not applicable, <i>six copies</i> must be provided).</p>
FULL-SIZE DRAWINGS	<p><i>Six copies</i> of the required drawings must be provided. Drawings <i>must be folded and 18" x 24"</i> in size. <i>No construction drawings or other sized drawings</i> will be accepted unless specifically requested.</p>
REDUCED DRAWINGS	<p><i>Two copies</i> of the drawings reduced to 11" x 17" must be provided.</p>
SUBMITTING APPLICATIONS	<p>Applications <i>must be submitted in person</i> by either the owner or the owner's designated agent. Should an agent submit the application, a <i>notarized Owner/Agent Agreement</i> must accompany the application (owner/app agreement attached). If a planner has been assigned to your project, <i>an appointment for submittal must be made</i> with that planner.</p>
FEES	<p>Please call the Department of Planning & Community Development for submittal fee information.</p>
ATTACHED SUBMITTAL CHECKLIST	<p>Please refer to attached Submittal Checklist for further information. NOTE: when submitting this application, please do not copy or include the Submittal Checklist sheets attached to the back of this application.</p>
<p>APPLICATIONS WILL NOT BE ACCEPTED unless these basic requirements are met and the submittal packet is deemed counter complete.</p>	

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT
280 MADISON AVENUE NORTH • BAINBRIDGE ISLAND, WA • 98110-1812
PHONE: (206) 842-2552 • FAX: (206) 780-0955 • EMAIL: pcd@bainbridgewa.gov
www.bainbridgewa.gov

CITY OF BAINBRIDGE ISLAND

**VEGETATION MANAGEMENT PERMIT
APPLICATION**

FORM MUST BE COMPLETED IN INK, PREFERABLY BLUE.
PENCIL WILL NOT BE ACCEPTED.



A. GENERAL INFORMATION

1. Name of property owner: _____
Address: _____
Phone: _____ Fax: _____
E-mail: _____

Name of property owner: _____
Address: _____
Phone: _____ Fax: _____
E-mail: _____

*If the owner(s) of record as shown by the county assessor's office is (are) not the agent,
the owner's (owners') signed and notarized authorization(s) must accompany this application.*

2. Applicant/Agent: _____
Address: _____
Phone: _____ Fax: _____
E-mail: _____

3. Timber operator: _____
Address: _____
Phone: _____ Fax: _____
E-mail: _____

4. Planning department personnel familiar with site: _____

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT
280 MADISON AVENUE NORTH • BAINBRIDGE ISLAND, WA • 98110-1812
PHONE: (206) 842-2552 • FAX: (206) 780-0955 • EMAIL: pcd@bainbridgewa.gov
www.bainbridgewa.gov

CITY OF BAINBRIDGE ISLAND

**VEGETATION MANAGEMENT PERMIT
APPLICATION**

FORM MUST BE COMPLETED IN INK, PREFERABLY BLUE.
PENCIL WILL NOT BE ACCEPTED.



5. Description of proposal: _____

6. Driving directions to site: _____

7. Please give the following existing parcel information:

Assessor's Parcel Number	Parcel Owner	*Lot Area
Use additional sheet if necessary		Total of all parcels:

** As defined in Bainbridge Island Municipal Code 18.12.050*

8. Legal description (or attach): _____

9. Current comprehensive plan, zoning and shoreline designations and use of subject parcel(s):

Lot Number	Comp Plan Designation	Zoning Designation	Shoreline Designation	Current Use
Lot				
Lot				
Lot				

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT
280 MADISON AVENUE NORTH • BAINBRIDGE ISLAND, WA • 98110-1812
PHONE: (206) 842-2552 • FAX: (206) 780-0955 • EMAIL: pcd@bainbridgewa.gov
www.bainbridgewa.gov

CITY OF BAINBRIDGE ISLAND

VEGETATION MANAGEMENT PERMIT
APPLICATION

FORM MUST BE COMPLETED IN INK, PREFERABLY BLUE.

PENCIL WILL NOT BE ACCEPTED.



10. Does the site contain an environmentally sensitive area as defined in Critical Areas Ordinance (*Bainbridge Island Municipal Code Chapter 16.20*)?

☐ yes ☐ no ☐ unknown

If yes, check as appropriate:

<input type="checkbox"/> wetland*	<input type="checkbox"/> 15%+ slopes**	<input type="checkbox"/> agricultural lands
<input type="checkbox"/> wetland buffer*	<input type="checkbox"/> 40% slopes**	<input type="checkbox"/> archeological site
<input type="checkbox"/> stream*	<input type="checkbox"/> unstable slopes or soils**	<input type="checkbox"/> frequently flooded area
<input type="checkbox"/> stream buffer*	<input type="checkbox"/> slope buffer**	<input type="checkbox"/> protected habitat area

* If your site includes a wetland or wetland buffer, a wetland report is required with your application.

**If your site includes a geohazard area as defined in *Bainbridge Island Municipal Code 16.20*, a geotechnical report may be required with your application.

11. Are there underlying/overlying agreements on the property? ☐ yes ☐ no ☐ unknown

If yes, check as appropriate and provide a copy of the decision document:

<input type="checkbox"/> CUP Conditional Use Permit	<input type="checkbox"/> SPR Site Plan Review
<input type="checkbox"/> MPD Master Planned Development	<input type="checkbox"/> SPT Short Plat
<input type="checkbox"/> PUD Planned Unit Development	<input type="checkbox"/> SSDP Shoreline Permit
<input type="checkbox"/> REZ Contract Rezone	<input type="checkbox"/> SUB Prior Subdivision
<input type="checkbox"/> RUE Reasonable Use Exception	<input type="checkbox"/> VAR Zoning Variance
	<input type="checkbox"/> Other: _____

Under which jurisdiction was the approval given?

☐ City of Bainbridge Island ☐ Kitsap County

Approval date: _____

- 12.

Is there any other information which is pertinent to this project? ☐ yes ☐ no

If yes, please explain: _____

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT
280 MADISON AVENUE NORTH • BAINBRIDGE ISLAND, WA • 98110-1812
PHONE: (206) 842-2552 • FAX: (206) 780-0955 • EMAIL: pcd@bainbridgewa.gov
www.bainbridgewa.gov

CITY OF BAINBRIDGE ISLAND

**VEGETATION MANAGEMENT PERMIT
APPLICATION**

**FORM MUST BE COMPLETED IN INK, PREFERABLY BLUE.
PENCIL WILL NOT BE ACCEPTED.**



13. Which vegetation management plan are you proposing? (See BIMC 16.22.060 for standards.)
☐ conversion harvest plan ☐ selective harvest plan

14. Has a Department of Natural Resources Forest Practice Permit been submitted?
☐ yes ☐ no

15. Do you intend to develop the property within the next ten years?
☐ yes ☐ no

16. When do you propose to conduct the harvest? _____

17. Approximate harvest area acreage: _____

18. If harvest area is greater than 1 acre, a National Pollutant Discharge Elimination System (NPDES) permit from the Washington State Department of Ecology (DOE) is required.
Has a NPDES permit been submitted to the DOE? ☐ yes ☐ no

19. Approximate acreage of forested area (with trees greater than 20' in height): _____

20. How will the trees be designated for removal and retention? _____

21. Has any timber harvesting occurred in the last 6 years?
☐ yes (attach DNR permit) ☐ no

22. How will the property lines and property corners be marked in the field? _____

23. What erosion control method will be used? (Please attach an erosion control plan if necessary.)

☐ silt fencing

☐ Grass seeding of disturbed areas

☐ straw bales

☐ Others:

☐ water-bar skid trails

24. Mark the proposed haul route on the vicinity map.

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT
280 MADISON AVENUE NORTH • BAINBRIDGE ISLAND, WA • 98110-1812
PHONE: (206) 842-2552 • FAX: (206) 780-0955 • EMAIL: pcd@bainbridgewa.gov
www.bainbridgewa.gov

CITY OF BAINBRIDGE ISLAND

**VEGETATION MANAGEMENT PERMIT
APPLICATION**

FORM MUST BE COMPLETED IN INK, PREFERABLY BLUE.
PENCIL WILL NOT BE ACCEPTED.



I hereby certify that I have read this application and know the same to be true and correct.

*Signature of owner or authorized agent

Date

Please Print

*Signature of owner or authorized agent

Date

Please Print

*Signature of owner or authorized agent

Date

Please Print

**If signatory is not the owner of record, the attached "Owner/Agent Agreement" must be signed and notarized.*

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT
280 MADISON AVENUE NORTH • BAINBRIDGE ISLAND, WA • 98110-1812
PHONE: (206) 842-2552 • FAX: (206) 780-0955 • EMAIL: pcd@bainbridgewa.gov
www.bainbridgewa.gov

CITY OF BAINBRIDGE ISLAND

**VEGETATION MANAGEMENT PERMIT
APPLICATION**

**FORM MUST BE COMPLETED IN INK, PREFERABLY BLUE.
PENCIL WILL NOT BE ACCEPTED.**



SUBMITTAL DOCUMENTS

Please attach a site assessment plan/harvest plan drawn to engineering scale which meets the harvest standards of BIMC 16.22.060. The plan needs to include the following:

1. All boundaries;
2. Existing stands of trees, specifying predominant species, species mix and age class;
3. Location of sensitive areas and buffers as designated under Chapter 16.20; designated open space, and designated scenic and/or wildlife corridors;
4. Proposed areas to remain in forest;
5. Proposed areas to be cleared of vegetation;
6. Proposed areas to be thinned of trees;
7. All existing and proposed access roads;
8. Proposed areas to be thinned of trees;
9. All existing and proposed access roads;
10. Proposed log landing areas;
11. Any structures on the property;
12. Topography, at 20 foot intervals. A U.S.G.S. Map is acceptable;
13. All adjacent residences with 1 ½ times the height of the trees to be felled; and
14. Name, address and phone number of the timber operator.

Attach the following, when applicable;

1. Open space management plan, if the application is part of an existing or proposed subdivision.
2. Greenways, scenic road, view or wildlife corridor plans, if the project site is part of these designated corridors.
3. An environmental checklist.

Owner/Agent Agreement

The undersigned is (are) the owner(s) of record of the property identified by the Kitsap County Assessor's account number _____, located at _____, Bainbridge Island, Washington. The undersigned hereby gives (give) consent and approval to

to act on his/her (their) behalf as his/her (their) agent to proceed with an application for (please check all items that apply):

☐ preapplication conference

☐ planning permits

☐ construction permits (i.e. building, water/sewer availability, right-of-way, etc)

on the property referenced herein. This agreement authorizes the agent to act on the owner's behalf for the above checked applications through (date or specific phase) _____.

Owner of record

Date

Owner of record

Date

STATE OF WASHINGTON)
) ss.
COUNTY OF KITSAP)

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared:

_____ to me known as the individual(s) described in and who executed the foregoing instrument, and acknowledged to me that he/she/they signed and sealed the said instrument, as his/her/their free and voluntary act and deed for the uses and purposes therein mentioned, and on oath stated that he/she/they was (were) authorized to execute said instrument.

WITNESS MY HAND AND OFFICIAL SEAL, hereto affixed the day and year in this certificate above written.

Notary Public in and for the State of Washington

Residing at _____

My appointment expires: _____